

Greene County Juvenile Court Court Appointed Special Advocate Program Judge Adolfo A. Tornichio Greta McKenzie, CASA/GAL Director

Please complete the three pages completely and sign the Release of Information Page. Use additional sheets as necessary.

Fax to (937)562-4039 or mail to:

Greene County CASA 2100 Greene Way Blvd. Xenia, OH 45385 (937)562-4040

gmckenzie@co.greene.oh.us Attention: Greta McKenzie, Director

FOR OFFICE USE ONLY:						
Received:		Interview:				
Ref sent:		_ Ref Rec'd 1 2 3				
OPENOnline	ODJFS ck	Sexual Predator Reg				
DL Copy	_ SSN Copy:					

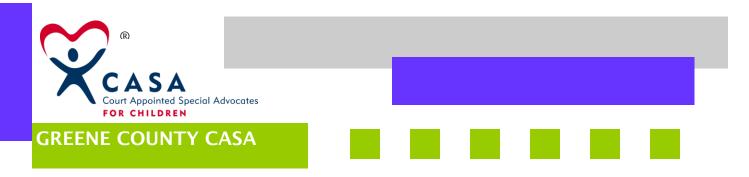
Section I: CASA/GAL Application

Please print or type

TOTTI di Natile.			Nametag:
(Last)	(First)	(Middle)	(Prefer to be called)
Date of Birth:	_ Social	Security Number:	
Home Address:			
(Number & Stree	et)	(City, St	ate, Zip Code)
Prior Addresses for the last seven (7) years and	dates at each address:	
	•		
			
Phone– Home:	Pho	ne– Work:	Mobile:
Email– Home:	Ema	ail– Work:	I do not have Email
	Ema	ail– Work:	I do not have Email
Email– Home:	Ema	ail– Work: May we Email you	

(See next page)

How long have you had this job?	Supervisor:			
Brief description of your work: Have you been a CASA/GAL in another program? Yes Education completed: High School Some College		4 Yr. Degree	Post Grad	
Education: (Include all education, including major and min	nor fields of study)_			
Emergency Contact– Name:	Relation	ıship:		
Address:	Phone:			
List your volunteer or professional experience with youth	or the courts:			
Do you currently volunteer in any capacity? Yes N	No			
If yes, indicate position, agency, and days/hours per week	<u> </u>			
List any other skills/qualifications you have of value to the	e CASA Program:			
Foster Care Yes	No No No	ies? If yes, please g	ive a brief explanation.	
Have you ever been charged or convicted in a court of law	v? Yes No)		
List offenses and date of each offense:				
Do you hold a valid Ohio driver's license? Do you carry auto insurance in accordance to Ohio law?	Yes No Yes No			
Insurance company name: Property da	amage? Yes	No		
Any health problems or disabilities?				
How did you learn about CASA?				
Why do you wish to participate in the CASA program?				



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Section II: Consent Form

I hereby give my informed consent to the Greene County Juvenile Court, Court Appointed Special Advocate/Guardian ad Litem (CASA/GAL) Program to complete a thorough investigation of my character and fitness to be a CASA/GAL volunteer. I understand by signing this release, I authorize inquiries to be made concerning my suitability as a volunteer to references I have provided, which include my past and present employers. I further authorize National, State and Local criminal record checks, social security number check, sex offender registry check, child abuse central registry. I understand the information requested in this application, and other information which may otherwise be obtained, will be used only for the purpose of deciding my fitness and suitability to serve as a CASA/GAL volunteer and may be shared with other CASA programs, if appropriate. I further understand Ohio law may require additional background checks on me in the future to remain a CASA/GAL volunteer. I hereby agree to cooperate with such required checks and/or investigations and to sign all necessary releases or resign as a CASA/GAL volunteer.

This release is good until revoked by me, in writing, at any time before it has been acted upon.

Criteria used in the selection of CASA/GAL volunteers will be such as to ensure each accepted applicant is able to meet the responsibilities of a CASA/GAL volunteer. No individual will be rejected because of ethnicity, gender, handicap, nationality, race, religion, sexual orientation, age (if at least 21 years of age), or marital status.

I understand the Greene County CASA/GAL Program reserves the sole right to determine which individuals are suitable to become CASA/GAL volunteers. Individuals who have been convicted of a felony, who have been convicted of any criminal act involving drugs or alcohol within the past five (5) years and/or who have a history with a children protective service agency may not be accepted as a CASA/GAL volunteer. An individual who has been adjudicated to have abused or neglected a child, including but not limited to, any sexual offense, abuse, child endangerment, neglect or who has been involved in related acts which would pose a risk to children or to the program's credibility, will not be accepted as a CASA/GAL volunteer.

Print Name	Social Security Number
Date of Birth:	
Signature	Date

Section III: Reference Information Sheet

ur Name: Date:				
If you are an attorney, you need not complete this reference Registration Number:	-	s with your Ohio Supreme Court	Attorney	
Please alert your references that we wi Do NOT include f	II be contacting them soo amily members as refere		y.	
PLEA	ASE PRINT CLEARLY			
REFERENCE #1 Name:			_	
Address:(Street Number & Name)			-	
(City, State, Zip Code)			_	
Home Phone:	Business:		_	
Other Phone:				
How do you know this person?		How long?		
REFERENCE #2 Name:			_	
Address:(Street Number & Name)			_	
(City, State, Zip Code)			_	
Home Phone:	Business:		_	
Other Phone:				
How do you know this person?		How long?		
REFERENCE #3 Name:			_	
Address:(Street Number & Name)			-	
(City, State, Zip Code)			_	
Home Phone:	Business:		_	
Other Phone:				
How do you know this person?		How long?		